

ORIGINAL

CIVIL RIGHTS COMPLAINT
42 U.S.C. § 1983

FILED
IN CLERKS OFFICE
US DISTRICT COURT E.D.N.Y.

★ AUG 08 2016 ★

BROOKLYN OFFICE

UNITED STATES DISTRICT COURT
EASTERN DISTRICT OF NEW YORK

-----X
Thomas McCoy 1411511303
Full name of plaintiff/prisoner ID#

CV 16 - 4463

Plaintiff,

JURY DEMAND

YES ☒ NO ☐

-against-
City of New York

Police officer John Doe #1 & 2, Undercover Police officer

Police officer Jane Doe #1 & 2 (Michael Schinffo shield # 11234 is police)
Enter full names of defendants
officer John Doe #1.

[Make sure those listed above are
identical to those listed in Part III.]

COGAN, J.

Defendants.
-----X

I. Previous Lawsuits:

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? Yes () No (☒)
- B. If your answer to A is yes, describe each lawsuit in the space below (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

1. Parties to this previous lawsuit:

Plaintiffs: _____

Defendants: _____

2. Court (if federal court, name the district;
if state court, name the county)

3. Docket Number: _____

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CV 16-04463

COGAN, J.

4. Name of the Judge to whom case was assigned: _____

5. Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?)

6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: AMKC (Anna M. Kross Center)

A. Is there a prisoner grievance procedure in this institution? Yes () No ()

B. Did you present the facts relating to your complaint in the prisoner grievance procedure? Yes () No (☒)

C. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

D. If your answer is NO, explain why not This is not a prison grievance issue.

E. If there is no prison grievance procedure in the institution, did you complain to prison authorities? Yes () No ()

F. If your answer is YES,

1. What steps did you take? _____

2. What was the result? _____

III. Parties:

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Thomas S. McCoy
Address 18-18 Hazen Street East Elmhurst, NY 11370

(In item B below, place the full name and address of each defendant)

B. List all defendants' names and the addresses at which each defendant may be served. Plaintiff must provide the address for each defendant named.

Defendant No. 1 Police Officer John Doe (Michael Schiaffo
shield #11234) 79th PCT. 263 Tompkins Ave.
Bklyn, NY

Defendant No. 2 Police Officer John Doe 79th PCT.
263 Tompkins Avenue
Bklyn, NY

Defendant No. 3 Police Officer Jane Doe 79th PCT.
263 Tompkins Avenue
Bklyn, NY

Defendant No. 4 Police Officer Jane Doe 79th PCT.
263 Tompkins Avenue
Bklyn, NY

Defendant No. 5 Undercover Police Officer John Doe 79th PCT
263 Tompkins Avenue
Bklyn, NY

[Make sure that the defendants listed above are identical to those listed in the caption on page 1].

IV. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 1/2 by 11 sheets of paper as necessary.)

UNLAWFUL imprisonment - on 11/24/15 I WAS arrested for a crime I did not commit. After 7 months and 17 days it was dismissed on July 7, 2016.
Police Harassment - 79th Pct. Keep harassing me on false accusation and misidentification.

Mental Anguish - distress of police officers & the fear of them as well.
Falsity Arrest Charges - CPL 220.03 criminal possession of controlled substance in the 7th degree, CPL 155.25 petit larceny, CPL 165.40 criminal possession stolen property 5th degree, and CPL 205.30 resisting arrest. All these charges had no evidence or merit against me.
Excessive force while handcuffed my right thumb knuckle was pulled out of place by Police officer LEUCASIO John Doe # 1. Police officer John Doe #2 put his knee in my chest and another held my head to the floor with his hand on one side of my face on the cold concrete ground.

IV.A If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

On 11/24/16 at the 79th Pct on 263 Tompkins Avenue in Brooklyn, I was taken to Kings County Hospital for injury to my right thumb knuckle and my wrists by FDNY Ambulance. NO medical treatment could replace my right thumb knuckle. All I received was a X-RAY & in regards to my wrists nothing was done. On Rikers Island AMKC I receive pain medication NADROXON 250mg for my right thumb. Kings County Hospital ER 11/24/15 32819381169 VST # 1938116-2 MR # 1938116

IV Statement of Claim: pt. 2

Humiliation - while handcuffed on the cold & dirty concrete floor. NYPD 79 PCT. police officer John Doe #1 - Michael Schiaffo shield # 11234 pulled my sweat pants & underwear down to my ankles, while throwing me to the ground. I was left exposed on the ground until they pulled me off the ground. Once I was on my feet I pulled my clothes back up to my waist the best I could while handcuffed so tightly behind my back and thrown into the marked blue & white van of the 79th PCT.

Racial Profiling

Cruel & unusual punishment being strip search in the 79th PCT on a misdemeanor charges, also the fact of being bottom walked on the concrete floor, with officers holding me down with there knee in my chest & hand on my face pushing it to the concrete.

Obstruct Government Admins 2nd penal law 195.05 also was charged with and dismissed.

My Arrest # K15689216

* Police Officer John Doe #1 is Michael Schiaffo shield # 11234

My 4th, 8th, 14th Amendment of the Constitution was violated

Also Article 1 of the Bill of Rights subsection 5 & 12 of the New York Constitution was violated.



KINGS COUNTY HOSPITAL CE **Emergency Department** **PATIENT PROPERTY SLIP**

McCooy, Thomas

DOB: 08/16/1972 M

ER: 11/24/2015 32819381169

VST#: 1938116-2 MR#: 1938116

Patient belongings will be sent with the patient, where ever they go. (List articles below and attach a property tag)

a. Clothing

<input type="checkbox"/> Bathrobes	<input type="checkbox"/> Girdles	<input type="checkbox"/> Overshoes	<input type="checkbox"/> Slips	<input checked="" type="checkbox"/> Undergarments
<input type="checkbox"/> Bed Jackets	<input type="checkbox"/> Gloves	<input type="checkbox"/> Pajamas	<input type="checkbox"/> Stockings	<input type="checkbox"/> Vests
<input type="checkbox"/> Belts	<input type="checkbox"/> Handkerchiefs	<input type="checkbox"/> Scarfs	<input type="checkbox"/> Socks	
<input type="checkbox"/> Blouses	<input type="checkbox"/> Hats	<input type="checkbox"/> Shirts	<input type="checkbox"/> Suitcases	
<input type="checkbox"/> Bags	<input type="checkbox"/> Jacket	<input type="checkbox"/> Shoes	<input type="checkbox"/> Suits	
<input type="checkbox"/> Braces	<input type="checkbox"/> Nightgowns	<input type="checkbox"/> Shorts	<input checked="" type="checkbox"/> Sweaters	
<input type="checkbox"/> Coat (Describe)	<input type="checkbox"/> Neckties	<input type="checkbox"/> Skirts	<input type="checkbox"/> Trousers	
<input type="checkbox"/> Dresses	<input type="checkbox"/> Overcoat	<input type="checkbox"/> Slippers	<input type="checkbox"/> Undershirts	

b. Other Articles

<input type="checkbox"/> Toiletries	<input type="checkbox"/> Luggage	<input type="checkbox"/> Books	<input type="checkbox"/> Other
<input type="checkbox"/> Dentures (circle)	<input type="checkbox"/> Radio	<input type="checkbox"/> Umbrella	
<input type="checkbox"/> * Upper	<input type="checkbox"/> Electric Razor	<input type="checkbox"/> Prostheses	
<input type="checkbox"/> * Lower	<input type="checkbox"/> Hearing Aids	(Describe type)	
<input type="checkbox"/> * Partial	<input type="checkbox"/> Contact Lenses		
<input type="checkbox"/> Eyeglasses & Case	<input type="checkbox"/> Religious Article		

ii. Valuables placed in hospital safe: (It is recommended that valuables/medicines be sent home)

☐ Yes ☐ No Property Envelope # _____ (List articles below)

a. Valuables:

☐ Money (amount) ☐ Jewelry (describe) _____ other (describe) _____

I certify that the above is a correct list of my personal property and that I assume full responsibility for any of the above articles kept at my bedside. I assume full responsibility for any additional items brought in after admission.

Signed 11/25/15 Unable to sign Witness [Signature]

Relationship to Patient _____ Date _____

III. Release from Liability for patient property

I assume full responsibility for retaining the following articles in my own possession:

<input type="checkbox"/> Eyeglasses (and case)	<input type="checkbox"/> Other (describe)
<input type="checkbox"/> Contact lenses	
<input type="checkbox"/> Dentures	<input type="checkbox"/> Prosthesis (describe type)
<input type="checkbox"/> Rings	
<input type="checkbox"/> Religious Articles	<input type="checkbox"/> Money (Amount)
<input type="checkbox"/> Radio	
<input type="checkbox"/> Watch	

Signature of Ward Receiving Nurse: _____ Date _____

Signature of Patient: _____ Date _____

Signature of Witness: _____

In the event that the patient is unable to sign, the staff will state the reason below:

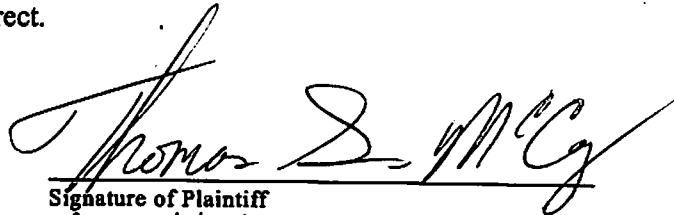
V. Relief:

State what relief you are seeking if you prevail on your complaint.

I Am seeking that the 79th Precinct of New York City Police Department stop harassing me & arresting me on false accusations and a form of apology by the arresting officers. Also better training in arresting a individual without the use of excessive force due to the nature of color (African American), creed and religion. Most importantly a better relationship with African Americans in talking, arresting and judgement.

I declare under penalty of perjury that on _____, I delivered this
(Date)
complaint to prison authorities to be mailed to the United States District Court for the Eastern
District of New York.

Signed this _____ day of July, 2016. I declare under penalty of
perjury that the foregoing is true and correct.



Signature of Plaintiff

AMKC

Name of Prison Facility

18-18 Hazen Street
East Elmhurst, NY 11370

Address

141 15 11303

Prisoner ID#